sppa
SCOTTISH PUBLIC PENSIONS AGENCY

FORM PRE 88 SB1A

NHS SUPERANNUATION (SCOTLAND) REGULATIONS 1995 (amended)
Election to Buy
Increased surviving widower, civil partner or nominated non married partner pension for pre 6 4 1988 service

Surname

Superannuation SB Number

S B /

Forename

Initials

Date of Birth

National Insurance Number

Address

Post Code

I have seen the estimate to purchase service pre 88 and wish to purchase

Years Days

Please tick an appropriate box

☐ I elect to take a reduction to my Retiring Lump Sum amounting to £

☐ I elect to make payments of additional contributions of %

From my next birthday to age (please enter 55, 60 or 65)

☐ I elect to make a single Lump Sum payment of £ and to make this payment within one month of signing this election

I confirm that I understand the provisions of this election and I am not aware of any reason why health should prevent me completing the purchase. I also confirm that I agree to pay the additional contributions details above on all superannuable earnings for the period of this contract.

I understand that once the election form has been signed and receive by SPPA it if irrevocable.

Signed _____ Date _____

After completion this form should be sent to:
SPPA, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE